

**VIRGINIA WING APPLICATION FOR
DESIGNATION AS CADET ORIENTATION PILOT**

Please print neatly

Date _____

Type of Application: ☐ Initial Designation ☐ Renewal ☐ Change in Authorized Aircraft Group

Pilot's Name _____ Rank _____ Unit Name _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ CAPID _____

Total PIC Time _____

TO: VIRGINIA WING HEADQUARTERS, CIVIL AIR PATROL

In accordance with CAPR 60-1, Paragraph 3-2, f, I request, as a member of _____ (unit),
to be designated as a Cadet Orientation Pilot in Group _____ aircraft. I
certify that I am at least 21 years of age (or 18 with a valid FAA CFI certificate); that I am current in each aircraft
group listed above in accordance with CAPR 60-1, Paragraph 3-4; and I have been designated as a Cadet
Orientation Pilot on my latest CAPF 5.

(pilot's signature)

(date)

INDORSEMENT BY APPLICANT'S COMMANDER:

Approved ☐ Individual has completed Cadet Protection training.

☐ I have verified that this applicant has been instructed in the duties of a Cadet Orientation pilot
and the proper use of CAPF 77 and CAPP 52-7.

(Commander's signature)

(date)

INDORSEMENT BY GROUP COMMANDER: (IF APPLICABLE)

☐ I approve of this application.

☐ Disapproved for the following reasons; _____

(If disapproved, return application to original unit.)

(Group Commander's signature)

(date)

FOR WING USE ONLY:

Checked by Director of Operations or designate: _____ Date: _____

Approved by Wing Commander: _____ Date: _____

Card Issued on: _____ In aircraft: _____

Card Expires on December 31st of year, _____